Boskone 38 Art Show Entry Form

c/o NESFA, Box 809, Framingham, MA 01701 I have read and agree to abide by the rules enclosed with this entry form. Date: ___/___/ Artist or Authorized Signature (required) Agent name (if any) Name _____ _____Address Address _____ Telephone _____ Telephone _____ Electronic mail _____ Electronic mail_____ Check here O if all communication should be via your agent. My art will arrive at the show: O with me, O with my agent, O other: ______ Return artwork to: O me, O my agent. O Address above, O other: _____ Table Space Panel Space **Print Shop** ___ Dbl. @ \$84* § ___ Full @ \$42 § ____ Full @ \$42* § Item Overall Size # Copies ____" x ____" ____ (1-10) 1/2 @ \$21 § (1) ____" x ___" ____(1-10) ____ 1/2 @ \$21 ____ 1/4 @\$11 **(2)** ____ 1/4 @ \$11 (3) ____ x ____ (1-10)
___ x ___ (1-10)
___ x ___ (1-10)
___ x ___ (1-10) **(4)** * if available **(5)** § Returning artists only, please. **(6)** ____ x ___" ___ (1-10)
____ x ___" ___ (1-10)
____ x ___" ___ (1-10)
____ x ___" ___ (1-10) (7) (8) (9)____ x ___ (1-10) Send Bid Sheets for items. (10)Total # of copies (0-100): _____ (Bid sheets not needed for Print Shop items) \$____ Art Show Fee (total panels & tables) Special Requests: _____ \$ Print Shop Fee (\$1 per copy) \$____ Mail-in fee (\$10 if permitted) Refund memberships if no space available? O Yes O No \$_____ Membership(s) (___@ \$36) Wait list you for additional space? O Yes O No _____ Include name & address for addt'l. members (on separate sheet). **Total Amount** O Check / money order enclosed (payable to "Boskone 38") O Charge my: O MasterCard or O VISA. Expiration date:___/__ Name on card: _____ Card #: ____

Signature: